

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-017482

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3845

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FILED APR 17 1963

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE<br>b. COUNTY  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St. Louis, Mo.  |   | c. CITY OR TOWN<br>St. Louis  |   |
| c. FULL-NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION Mo. Baptist Hosp.   |   | d. STREET ADDRESS (If outside, give location)<br>3430 Coles Ave.  |   |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br>Pearl V. Chard.  |   | 4. DATE OF DEATH<br>Month Day Year<br>4 2 63  |   |
| 5. SEX<br>Female.  | 6. COLOR OR RACE<br>White.  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br>7-31-08   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Housewife   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br>Housewife.   |   |
| 11a. BIRTHPLACE (City and state or country)<br>Wallingford Iowa.   |   | 11b. CITIZEN OF WHAT COUNTRY<br>U.S.A.  |   |
| 13a. FATHER'S NAME<br>Christ Danielson   |   | 13b. MOTHER'S MAIDEN NAME<br>Hannah Walden.   |   |
| 14. NAME OF HUSBAND OR WIFE<br>Arthur M. Chard.  |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)   |   |
| 16. SOCIAL SECURITY NO.  |   | 17. INFORMANT<br>Arthur M. Chard. 3430 Coles.   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Cardio Circulatory Collapse<br>Generalized Metastatic<br>Sarcoma<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c) |   |   | INTERVAL BETWEEN ONSET AND DEATH  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>1992  |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |   |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |   |   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br>May 1962   | 20f. CITY, TOWN, OR LOCATION<br>April 1963  |   |   |
| 21. I attended the deceased from May 1962 to April 1963 and last saw her alive on April 1, 63.<br>Death occurred at 11:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |   |
| 22a. SIGNATURE<br>Orlo Ler   | (Degree or title)<br>M.D.   | 22b. ADDRESS<br>5014 Union St. Louis 1 Mo.  | 22c. DATE SIGNED<br>4-2-63  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial.   | 23b. DATE<br>4-6-1963   | 23c. NAME OF CEMETERY OR CREMATORY<br>Calvary.  | 23d. LOCATION (City, town, or county) (State)<br>St. Louis, Mo.   |
| 24. FUNERAL DIRECTOR<br>Southern Funeral Home.   |   | 25. DATE RECD. BY LOCAL REG.<br>APR 4 1963  | 26. REGISTRAR'S SIGNATURE<br>Earl Smith M.D.  |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Dr. Rao.  
5074 Union Ave.  
1.30 PM-5Pm. Wed.

City

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*James C. Hill*

Licensed Embalmer No.

4347

P. O. Address

6322 So Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.